

STANDARD CERTIFICATE OF DEATH

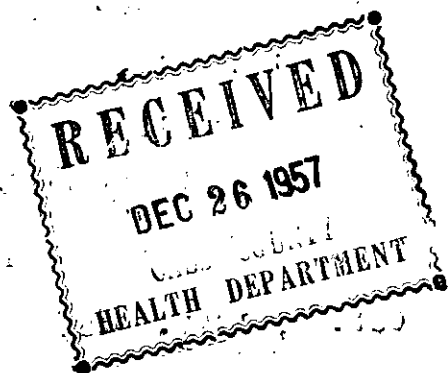
State File No. **43758**
183

FILED DEC 30 1957

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4095		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Cass.			
b. CITY (If outside corporate limits, write RURAL and give town) Drexel.		c. LENGTH OF STAY (In this place) 12 yrs.		c. CITY OR TOWN Drexel.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Not in hosp. At home.				e. STREET ADDRESS (If rural, give location) No street numbers.			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) JASPER		c. (Last) ALLEN	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 8, 1877.		9. AGE (In years last birthday) 80		10. MONTHS 2		11. DAYS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney.		10b. KIND OF BUSINESS OR INDUSTRY Now retired.		11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Allen.		13b. MOTHER'S MAIDEN NAME Not known.		14. NAME OF HUSBAND OR WIFE Golda Bright Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) None.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Golda Allen, Drexel, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pyelo Cystitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chromis Prostatitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 611X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 11, 1957 , to Dec. 12, 1957 , that I last saw the deceased alive on Dec. 12, 1957 , and that death occurred at 12:30 A. , from the causes and on the date stated above.							
23a. SIGNATURE Barry P. Hartwell		(Degree or title) M.D.		23b. ADDRESS Drexel, Missouri.		23c. DATE SIGNED 12/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/14/57		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		24d. LOCATION (City, town, or county) (State) Drexel, Mo.	
DATE REC'D BY LOCAL REG. Dec 17, 1957		REGISTRAR'S SIGNATURE Dora Barman		25. DIRECTOR'S SIGNATURE J.B. Hays		ADDRESS Drexel, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~only~~.....

~~Student Embalmer~~ No.

~~working under my personal supervision.~~

Student.....

~~Signature of Student Embalmer~~

Signed.....

Licensed Embalmer No. 1958

P. O. Address *Prophet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.